

Getting Ready for the Maryland Primary Care Program

Care Transformation Organization (CTO) Update

May 29, 2018

Program Management Office



MARYLAND
Department of Health

Agenda

- Overview
- Care Delivery Redesign
- Supporting the Practice
- Payments
- Eligibility & Restrictions
- Application Process & Timeline

Overview

Total Cost of Care Model

Improving health, enhancing patient experience, and reducing per capita costs.



Reduce unnecessary readmissions/
utilization



Reduce hospital-based
infections



Increase appropriate care
outside of hospital



Improve efficiency of care in
hospital



Increase communication between
hospital and community providers



Increase complex care coordination for
high and rising risk



Reduce unnecessary lab tests



Increase preventive care to
lower the Total Cost of Care



Decrease avoidable
hospitalizations



Decrease unnecessary ED
visits



Increase care coordination



Increase community
supports

Overview

Similar to CPC+, Customized to Maryland

	CPC+	MDPCP
Integration with other State efforts	Independent model	Component of MD TCOC Model
Enrollment Limit	Cap of 5,000 practices nationally	No limit – practices must meet program qualifications
Enrollment Period	One-time application period for 5-year program	Annual application period starting in 2018
Track 1 v Track 2	Designated upon program entry	Migration to track 2 by end of Year 3
Supports to transform primary care	Payment redesign	Payment redesign and CTOs
Payers	61 payers are partnering with CMS including BCBS plans; Commercial payers including Aetna and UHC; FFS Medicaid, Medicaid MCOs such as Amerigroup and Molina; and Medicare Advantage Plans	Medicare FFS, Duals, (Other payers encouraged for future years)

Requirements: Primary Care Functions

Five advanced primary care functions:

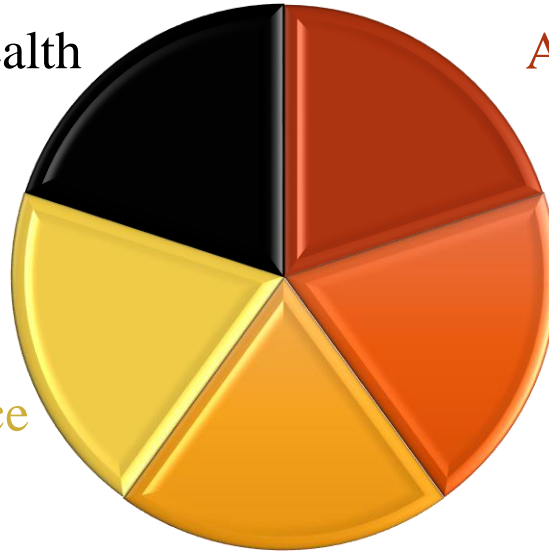
Planned Care for Health
Outcomes

Access & Continuity

Beneficiary &
Caregiver Experience

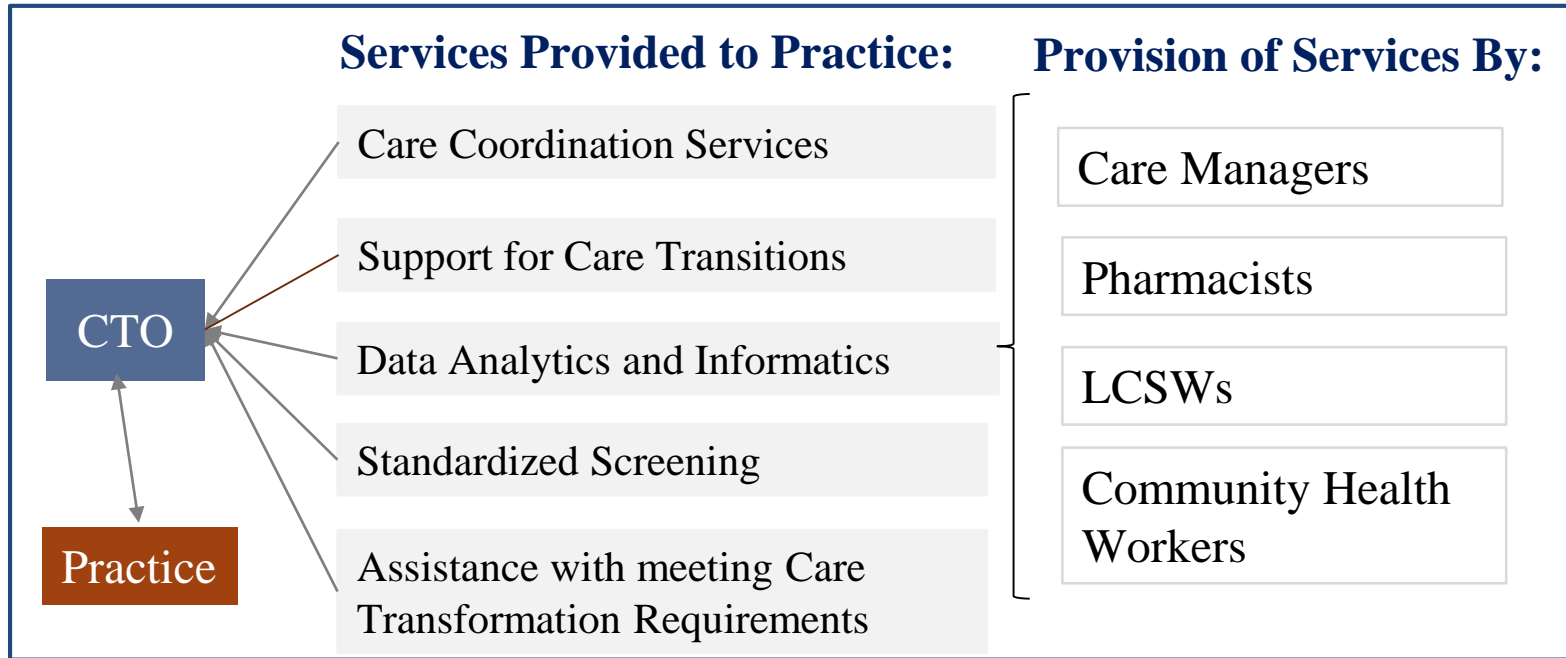
Care Management

Comprehensiveness & Coordination



Care Transformation Organization

Designed to assist the practice in meeting care transformation requirements



CTOs' Role in the Program

- Provide services that are integral to meeting the care transformation requirements but do not require the personal professional services of a physician.
- Services provided “incident to” supervising practice provider
- Embed resources at the request of the practice and/or provide services (similar to CCM) to patients in the community
- Enhance capacity of practice to provide care management services, improve workflows and manage their populations

CTO Payments

CTOs

Care Management Fee (PBPM)

- Up to 50% of a practice's care management fee; depends on option chosen by practice
- Timing: Paid prospectively on a quarterly basis

Performance-Based Incentive Payment (PBPM)

- Receives a parallel payment for Track 1 and Track 2 practices engaged with CTO (up to \$4.00 PBPM)
- Timing: Paid prospectively on an annual basis; subject to repayment (based on performance of Partner Practices)

How can the Payments be Spent?

CTOs

Care Management Fee (PBPM)

- At least 50% of the CTO's CMF must be spent on employing care management professionals that support Practices
- Care management professionals do not include administrative staff, data analysts, or consultants.
- Remaining amount of CMF can be spent on services/personnel as determined by CTO to support practices meet care transformation requirements

Performance-Based Incentive Payment (PBPM)

- No Restrictions
- Subject to repayment based on performance

CTO Eligibility

- Meet program integrity standards
- Meet the requirements of the Participation Agreement
- Letters of support and commitments from
 - Clinical leadership
 - Practice describing previous experience with CTO during the transformation process
- Serve counties as identified in application
- Commitments to submit:
 - Attestations to practices' care delivery reports
 - Budget reporting
 - Other program requirements as described in the Participation Agreement
- Health Information Technology
 - Support practice to meet connectivity and data sharing requirements

CTO Criteria

- CTOs will be judged on:
 - Ability to support practices' meet care transformation requirements
 - Experience
 - Infrastructure
 - Capacity and willingness to work with practices
 - Geographic scope
 - Connectivity and data sharing
- Selections made by CMS

Structure of CTO

- Legal structure can be separate, new entity or existing organization
- Separate financial accounting and reporting for MDPCP activities
- Ability to establish a clinically-driven governing board comprised of providers from partner practices

CMS Application Process

- June 2018
 - Release joint RFA for CTOs and practices
 - CTO applications due first (~ 45 days)
 - CTOs will be selected before Practice application opens in August
- Fall 2018
 - Selected practices will be matched to CTO selections
 - CTOs and Practices will sign Participation Agreements
 - CTOs and Practices will sign BAAs outlining level of services and revenue sharing

Agreements

- Participation Agreement (PA)
 - Example of Practice PA from CPC Plus:
http://event.lvl3.on24.com/event/13/18/98/3/rt/1/documents/resourceList1479561583610/final_version_cpc_participation_agreement_track_1.pdf?dummy=dummyBody
- Business Associate Agreements
 - CTOs and Practices will sign BAAs outlining level of services and revenue sharing

CTO Marketing to Practices

- Comparison Tool
 - Basic information will be pulled from application
 - Posted to State webpage
 - CTOs may provide additional information directly to State that will be listed: (e.g., web site, social media)
- Networking opportunity
 - Selected CTOs will be invited to provide short presentations (More to come)

Timeline

Activity	Timeframe
Release applications	Early June 2018
Select CTOs and practices	Summer/Fall 2018
Initiate Program	Jan 2019
Annual enrollment	2020 - 2023
Program Participation	2019 - 2026

Thank you!



Updates and More Information:

<https://health.maryland.gov/MDPCP>

Useful Videos on CPC+

- Part 1: (Care Delivery Transformation)
https://www.youtube.com/watch?v=DWUea_UD_Kw
- Part 2: (Payment Overview)
<https://www.youtube.com/watch?v=KMNCi76w9K8>
- Part 3: (Care management fees)
<https://www.youtube.com/watch?v=NBVNQyNeKJ8&feature=youtu.be>
- Part 4: (Hybrid Payment)
<https://www.youtube.com/watch?v=xPeyjE8couk&feature=youtu.be>

Quality Metrics

- Measures for 2018

<https://innovation.cms.gov/Files/x/cpcplus-qualrptpy2018.pdf>